

## Town of North Haven Building Permit Application

Telephone (203)239-5321 Ext. 405

Fax. (203)234-8375

Residential: Property Location:	Non Residential: Bus. Name:		
Unit/floor:			
Owner Name:	Telephone:FAX:		
Address:			
Address:			
/ tudi ess.			
Applicant is: Owner Contractor	Other:		
	(explain)		
Contractor:	License # and Type:		
Name:	Expiration Date:		
Address:	Telephone:		
Address:	FAX:		
E-mail:			
DDOLECT IN	FORMATION		
Detailed Description of Work:			
Applicable Building Codes for Project: (The code to which a	project is designed, affects the requirements of the project.		
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(OVER) Revised 4-25-2013

REQUIRED ATTACHMENTS						
Minimum attachments:						
Plot plan-To scale/Site plan (detailing the existing &proposed work to be done)or detailed plan of work to be performed*						
* (may requir	re an A-2 survey, depending on sco	pe of work)				
Architectural plan detailing the Exist	ing Building and Proposed work. (2	1) set to Fire and (2) s	sets for Building			
Plans must show: Current &propose	ed use in <u>all</u> spaces including sq feet	t of proposed work are	ea and total sq feet of Bldg			
Proof of Workers' Compensation	Insurance of Affidavit.					
If property is in a Flood Zone, per	rmit required					
Additional materials <b>M</b>	IAY be required depending o	on the nature of th	ne property and project. If you are			
unsure whether these are required, please review this list with the Building Inspector.						
PROVIDED	NOT R	EQUIRED	WILL PROVIDE			
		<del></del>	I understand that I cannot recei	ve		
		_	a permit until this has been obta	ined		
Zoning/Land Use Approval			$\blacksquare$			
Fire Marshal Approval		$\sqcup$	$\square$			
Life/safety plan (egress and acces	ssibility)					
Cut sheet for interior finish		Ш				
(w/flame spread &smoke density	<i>')</i>					
Cut sheet for floor finish						
(showing slip resistance)						
Stamped Engineer Drawings						
Statement of Special Inspections,	signed,					
Wind load calculations						
Window/Door data sheet (show v	vind load)					
Documentation of (Energy Efficiency Co	ompliance)*		* <u>www.energycodes.gov</u>			
Health Department Approval						
Septic / Well / Grease	Trap / other		<del>_</del>			
CBYD Number if required						
OTHER						
ADDITION	AL REQUIREMENTS M	AY BE NECESS	ARY PRIOR TO C/O.			
APPLICANT:						
I hereby certify the I am the Owner of the prope	erty which is the subject of this applicat	ion, or the authorized ag	ent of the property owner and have been			
authorized to make this application. I understar	nd that when a permit is issued, it is a p	ermit to proceed and gra	ants no right to violate the State Building			
Code or any other code, regulation, ordinance of	or statute, regardless of what might be	shown or omitted on the	submitted plans and specifications. All			
information contained within is true and accura	ate to the best of my knowledge and be	lief. All permits approved	d are subject to inspections. In addition I			
authorize the Town of North Haven to properly	dispose of all residential construction p	lans two (2) years after is	issuance of the Certificate of Occupancy			
or Final inspection, unless written request is sub	bmitted to the Building Office prior to th	nat time.				
·	APPLICANT SIGNATURE		DATE			
	Zoning Official Signature		DATE			
	Fire Marshal Signature		DATE			
	-					
	Tax Collector		DATE			
	Building Official Signature		DATE			
	5 5					

(OVER) Revised 4-25-2013